## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

|   |  |   |   |                                 |                     |  |            |                     |                        |            | 10/10                      |                        |
|---|--|---|---|---------------------------------|---------------------|--|------------|---------------------|------------------------|------------|----------------------------|------------------------|
| CLAIMS AS FILED - PA  |  |   |   |                                 |                     |  |            | SMALL ENTITY TYPE   |                        | OR         | OTHER THAN<br>SMALL ENTITY |                        |
| U.S   | . NATIONAL                                     | STAGE FEES                                | (Colum  | in 1)                           |                     | Column 2)  | 7          | RATE                | FEE                    | 1          | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL ENT   | . = \$ 150                      | LARG                | SE ENT. = \$ 300                                 | 1          | BASIC FEE           |                        | OR         |                            |                        |
| EXAMINATION FEE   |  |   | Satisfies PCT A   |                                 |                     | her situations =                                 | 1.         | EXAM. FEE           | <u></u>                | "          | ÉXAM. FEE                  | 30D                    |
| SEARCH FEE  |  |   | (4) = \$ 50<br>U.S. is ISA = 1<br>ALL other co<br>\$ 200 / \$ | \$ 50 / \$ 100<br>untries =     | All ot              | 100 / \$ 200<br>her situations =<br>250 / \$ 500 |            | SEARCH FEE          |                        |            | SEARCH FEE                 | 100                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | min   | us 100 =                        | ٠                   | / 50 =   | 1          | X \$ 125 =          |                        |            | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 6 mi  | nus 20 =                        | • -                 |  |            | X \$ 25 =           | -                      | OR         | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS  |  |   | 2 m   |                                 | -                   | ]  | X \$ 100 = |                     | OR                     | X \$ 200 = |                            |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT   |                                 |                     |  | + \$ 180 = |                     | OR                     | + \$ 360 = | <u> </u>                   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |   |   |                                 |                     |  |            | TOTAL               |                        | OR         | TOTAL                      | 600                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |   |   |                                 |                     |  | <b>-</b>   | SMALL E             | NTITY                  | OR         | OTHER SMALL E              |                        |
| AMENDMENTA  |  | REMAINING<br>AFTER<br>AMENDMENT           |   | NUMI<br>PREVIC<br>PAID          | BER<br>DUSLY        | PRESENT<br>EXTRA                                 |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI:<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                              |                     | =  | ] '        | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
|   | independent                                    | •   | Minus   | ***                             |                     | =  |            | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                 |                     |  |            | + \$ 180 =          |                        | OR         | + \$ 360 =                 |                        |
|   |  |   |   |                                 |                     |  |            | TOTAL ADDIT.<br>FEE |                        | .OR        | TOTAL ADDIT.<br>FEE        |                        |
|   |  | (Column 1)                                |   | (Colun                          | nn 2)               | (Column 3)                                       |            |                     |                        |            |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·   | HIGHI<br>NUME<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA                                 |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                              |                     | =  |            | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
|   | <b>Ind</b> ependent                            | *   | Minus   | ***                             |                     | =  |            | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                 |                     |  |            | + \$ 180 =          | -                      | OR         | + \$ 360 =                 |                        |
|   |  |   |   |                                 |                     |  | (          | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE        |                        |
|   |  |   |   |                                 |                     |  |            |                     |                        |            |                            |                        |

FORM PTO-875 (Rev. 02/2005)

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS, SPACE is less than '20', enter "20".

<sup>&</sup>quot;\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.